

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000067670

1. Entity Name

7 SEAS TRADING, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90441 035 ***158.75

00043566



DO NOT WRITE IN THIS SPACE

Principal Place of Business 941 N.W. 156TH AVENUE PEMBROKE PINES FL 33028	Mailing Address 941 N.W. 156TH AVENUE PEMBROKE PINES FL 33028
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2. Principal Place of Business 10200 SW 21st Suite, Apt. #, etc.	3. Mailing Address 10200 SW 21st Suite, Apt. #, etc.
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City & State MIRAMAR, FL Zip 33025 Country BROWARD	City & State MIRAMAR, FL Zip 33025 Country BROWARD
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4. FEI Number 65-1029908	Applied For Not Applicable
5. Certificate of Status Desired X	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SOTOLONGO, OSCAR 16901 NW 49TH COURT CAROL CITY FL 33055	7. Name and Address of New Registered Agent Name Sotolongo, OSCAR Street Address (P.O. Box Number Not Acceptable) 10200 SW 21st City MIRAMAR, FL Zip Code 33025
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Oscar Sotolongo President [Signature] 4/23/01 Signature, typed or printed name of registered agent and title (applicant) (NOTE: Registered Agent signature required when substituting) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 2001	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD SOTOLONGO, OSCAR 16901 NW 49TH CT. CAROL CITY FL 33055 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD Sotolongo, OSCAR 10200 S.W. 21 street MIRAMAR, FL 33025 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VD GUTIERREZ, ROMEO 941 N.W. 156TH AVENUE PEMBROKE PINES FL 33028 ☒ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Oscar Sotolongo President [Signature] 4/23/01 (305) 742-5609
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (10/00)